

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. Federal Identifier	

1. \* TYPE OF SUBMISSION

☐ Pre-application ☒ Application ☐ Changed/Corrected Application

5. APPLICANT INFORMATION

\* Organizational DUNS: 000000000INDV

\* Legal Name: JOY

Department: Division:

\* Street1: 1500 EADS ST

Street2:

\* City: HERNDON County:

\* State: VA: Virginia Province:

\* Country: USA: UNITED STATES \* ZIP / Postal Code: 22202

Person to be contacted on matters involving this application

Prefix: \* First Name: JOY Middle Name:

\* Last Name: JAMIN Suffix:

\* Phone Number: 2123664521 Fax Number:

Email:

6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN): 113254123

7. \* TYPE OF APPLICANT: A: State Government

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. \* TYPE OF APPLICATION:

☒ New ☐ Resubmission ☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

☐ Renewal ☐ Continuation ☐ Revision ☐ E. Other (specify):

\* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?:

9. * NAME OF FEDERAL AGENCY:	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
Moh Hossain Agency	10.210
	TITLE: Food and Agricultural Sciences National Needs Graduate Fellowship Grants

11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

HELPING OTHERS

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)	13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICTS OF:
NORTH SHOUTH	* Start Date * Ending Date	a. * Applicant b. * Project
	07/31/2008 08/01/2008	VA NORTH

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name: JIMI Middle Name:

\* Last Name: JHONSON Suffix:

Position/Title:

\* Organization Name: JOY

Department: Division:

\* Street1: 1500 EADS ST

Street2:

\* City: HERNDON County:

\* State: VA: Virginia Province:

\* Country: USA: UNITED STATES \* ZIP / Postal Code: 22202

\* Phone Number: 5172364521 Fax Number:

\* Email: MNHYT@Y.COM

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <input style="width: 150px;" type="text" value="100,000.00"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="20,000.00"/> c. * Estimated Program Income <input style="width: 150px;" type="text" value="15,000.00"/>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text" value="07/31/2008"/>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>  <input checked="" type="checkbox"/> * I agree  <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>	
<b>19. Authorized Representative</b>  Prefix: <input style="width: 80px;" type="text"/> * First Name: <input style="width: 250px;" type="text" value="MONA"/> Middle Name: <input style="width: 180px;" type="text"/> * Last Name: <input style="width: 450px;" type="text" value="LISA"/> Suffix: <input style="width: 100px;" type="text"/> * Position/Title: <input style="width: 350px;" type="text" value="HOO"/> * Organization: <input style="width: 450px;" type="text" value="JOY"/> Department: <input style="width: 200px;" type="text"/> Division: <input style="width: 200px;" type="text"/> * Street1: <input style="width: 400px;" type="text" value="1500 EADS ST"/> Street2: <input style="width: 400px;" type="text"/> * City: <input style="width: 250px;" type="text" value="HERNDON"/> County: <input style="width: 200px;" type="text"/> * State: <input style="width: 400px;" type="text" value="VA: Virginia"/> Province: <input style="width: 150px;" type="text"/> * Country: <input style="width: 400px;" type="text" value="USA: UNITED STATES"/> * ZIP / Postal Code: <input style="width: 150px;" type="text" value="22202"/> * Phone Number: <input style="width: 180px;" type="text" value="7181203652"/> Fax Number: <input style="width: 180px;" type="text" value="MJUYN@Y.COM"/> * Email: <input style="width: 450px;" type="text" value="NHY@YA.COM"/>  <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><b>* Signature of Authorized Representative</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">Rathna Gundulpet</div></div><div style="width: 45%;"><b>* Date Signed</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">07/31/2008</div></div></div>	
<b>20. Pre-application</b> <input style="width: 300px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>	
<b>21. Attach an additional list of Project Congressional Districts if needed.</b> <div style="display: flex; align-items: center;"><input style="width: 200px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></div>	

OMB Number: 4040-0001  
Expiration Date: 04/30/2008